



# Change Request Form

CRF Number:

Submitted by:	Date:
Requested by:	Process:

## Area Affected

### Effected Business Area:

<input checked="" type="checkbox"/> JJOLT	<input type="checkbox"/> Court or CCF	<input type="checkbox"/> Security	<input type="checkbox"/> New	<input type="checkbox"/> Technical
<input type="checkbox"/> Detention		<input type="checkbox"/> Education		
<input type="checkbox"/> Critical		<input type="checkbox"/> Important		<input type="checkbox"/> Desirable

### Priority:

## Description of Proposed Change

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## Benefits/Reason for Change

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## Impact Analysis/Problem Identification if Change is NOT Made

What is affected? Will there be a penalty?

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## GVT Estimate of Hours and Costs

Assigned to:	Begin Date:
Number of Hours to Program:	Total Cost: \$
Comments:	Estimated Completion Date:

## Impact Analysis

On: budgets, resources, project days, other modules, etc.

Comments:

Disposition: <input type="checkbox"/> Closed <input type="checkbox"/> Deferred <input type="checkbox"/> Rejected <input type="checkbox"/> On Hold	Date:
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## Approvals

JJOLT Manager:	Date:
Comments: <b>Referred to Committee for Approval</b>	
DIT Liaison:	Date:
Comments: <b>Referred to Committee for Approval</b>	
Committee Reviewed:	Date:
Comments:	
Disposition: <input type="checkbox"/> Deferred <input type="checkbox"/> Rejected <input type="checkbox"/> On Hold <input type="checkbox"/> Other	Date: